

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
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17						
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19						
20						
21	1					
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29						
30						
31						
32						
33						
34	1					
35						
36						
37						
38						
39						
40						
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56	1					
57						
58						
59						
60						
61						
62	1					
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96						
97						
98						
99						
100						
TOTAL IND.	6					
TOTAL DEP.	58					
TOTAL CLAIMS	64					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS